ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WK		3-26-01
O.I.P.E. CLASSIFIER	KSD		4/17/01
FORMALITY REVIEW	H.L	1079	04/30/01
RESPONSE FORMALITY REVIEW	A.M	JC 5820	08-10-01

INDEX OF CLAIMS

✔ ..... Rejected
= ..... Allowed
– (Through numeral)... Canceled
÷ ..... Restricted
N ..... Non-elected
I ..... Interference
A ..... Appeal
O ..... Objected

Claim	Date			
Final	Original	6	10	4	9
		25	18	19	23
		02	02	04	07
1	1	✔	✔	✔	✔
2	2	✔	✔	✔	✔
3	3	✔	✔	✔	✔
4	4	✔	✔	✔	✔
5	5	✔	✔	✔	✔
6	6	✔	✔	✔	✔
7	7	✔	✔	O	O
8	8	✔	✔	✔	✔
9	9	✔	✔	✔	✔
10	10	✔	✔	✔	✔
11	11	✔	✔	✔	✔
12	12	✔	✔	O	O
13	13	✔	✔	✔	✔
14	14	✔	✔	✔	✔
15	15	✔	✔	✔	✔
16	16	✔	✔	✔	✔
17	17	✔	✔	O	O
18				O	O
19				O	O
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions staple additional sheet here

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